



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
Community Care Licensing Division – Statewide Children's Residential Program
744 P Street, MS 8-3-54 Sacramento, CA 95814



EDMUND G. BROWN JR.
GOVERNOR

January 12, 2012

Ms. Carolyn Willandt, Executive Director
Normative Services, Inc.
5 Lane Lane
Sheridan, Wyoming 82801

Dear Ms. Willandt:

SUBJECT: CERTIFICATION BY THE CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES (CDSS)

Pursuant to California Family Code, Section 7911 et al., this is official notification that effective this date, Normative Services located at; 5 Lane Lane, Sheridan Wyoming, is certified as meeting California Group Home licensing standards. Certification is valid through January 2013.

California licensing standards require that all serious incidents continue to be reported to CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he or she is a California placement. Incident reporting shall include the following:

- a. Deaths
- b. Suicide attempts
- c. Suspected physical, sexual or psychological abuse
- d. Epidemic outbreaks and catastrophes
- e. Injuries and illnesses that require hospitalization or medical treatment (beyond first aid)
- f. Use of restraint (whether or not they result in an injury to a child)
- g. Any unusual incident or absence that threatens the physical or emotional health or safety of a child

Certification will continue to be reviewed annually. We will be following our Department policy which authorizes us to inspect facilities with or without appointment as necessary.

If you have any questions or would like to discuss this report further, please contact me at:
(916) 838-5875.

Sincerely,

OLANIYAN AKYEEM
Out-of State Program Analyst

C: Rosalind Hyde, Deputy Compact Administrator, ICPC/Out-of-State Placement & Policy Unit

FACILITY EVALUATION REPORT

FACILITY NAME:	NORMATIVE SERVICES, INC.	FACILITY NUMBER:	602300007
ADMINISTRATOR:	MICHELLE KNIGHT	FACILITY TYPE:	731
ADDRESS:	5 LANE LN.	TELEPHONE:	(307) 674-6889
CITY:	SHERIDAN	STATE: WY	ZIP CODE: 82801
CAPACITY:	76	CENSUS: 85	DATE: 01/13/2012
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 09:00 AM
MET WITH:	Carolyn Willandt, Executive Director	TIME COMPLETED:	01:45 PM

NARRATIVE**1 PURPOSE OF VISIT:**

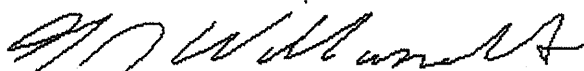
2
3 Normative Services Inc. (NSI) is seeking re-certification as mandated by California law. The
4 purpose of this visit was to verify the facility's compliance with California licensing standards
5 governing children's residential group homes, as well as remaining in compliance with applicable
6 laws, regulations and standards within their own state of Wyoming.
7

8 CALIFORNIA PLACEMENTS AND PLACING AGENCIES:

9
10 At the time of visit, the total census for California youth was six (6). NSI is currently contracted with
11 four California county Probation and Social Services agencies from northern California. These
12 counties are as follows: Sacramento, San Mateo, San Francisco, Lake County.
13
14

15 LOCAL STATE LICENSING / COMPLAINTS ISSUES:

16
17 NSI is licensed in the state of Wyoming by the Wyoming Department of Family Services (WY
18 DCFS.) for the operation of seven individually Residential Treatment Units at this location. Records
19 review indicated the last inspection was conducted by the WY DCFS on December 2, 2011. The
20 inspection revealed no areas of violations. During the time of this visit, contact was made with the
21 WY DCFS licensing representative who reported that NSI is currently operating under full
22 compliance and there are no issues of concern.
23
24
25

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916)654-0118**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/13/2012**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/13/2012**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 744 P STREET, MS 19-50
SACRAMENTO, CA 95814

FACILITY NAME: NORMATIVE SERVICES, INC.

FACILITY NUMBER: 602300007

VISIT DATE: 01/13/2012

NARRATIVE

1 In the area of complaints, NSI has had one substantiated allegation on February 23, 2011 by WY
2 DCFS. The finding was that student parents were not included in the treatment planning and
3 reviews.

4 (It is noted: NSI reports that the Case Manager and mother had frequent (approximately 50) phone
5 calls and email exchanges. It was further reported that documentation indicated that the mother
6 was included on both IEP meeting. In response to the allegation findings, NSI has implemented a
7 plan of correction which includes specific policy to notify parents of the upcoming reviews.
8

9
10 **FIRE CLEARANCE:**

11
12 The last fire inspection was conducted on 12/29/2011 by an inspector with Fire Prevention and
13 Electrical Safety of Sheridan, Wyoming. Inspection revealed fire code violations in areas of the
14 buildings and ground. NSI has since addressed many of the issues and is currently still in the
15 process of completing the plan of correction. NSI is still within the 45 day time frame for corrections
16 and revisions on this recent inspection.
17

18
19 **FACILITY, PHYSICAL PLANT, PROGRAM REVIEW AND CHANGES:**

20
21 An inspection of the facility campus and grounds was conducted at the time of this review. There
22 have not been any major physical plant changes since last year. The campus inspection revealed
23 no issues of concern. Facility campus, living units were exceptionally clean, all furniture, equipment
24 was found to be in good repair.
25

26
27 In the area of program changes, No other changes noted.
28

29 **CLIENT(S) SERVICES AND PERSONAL RIGHTS REVIEW:**

30
31 All students interviewed reported they have been informed of their personal rights. Students
32 reported that they attend school, participate in weekly groups and receive individual counseling on a
regular basis. No issues of concern related to personal rights.

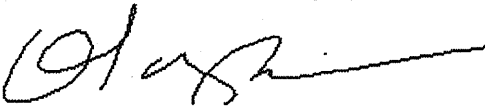
SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916)654-0118

LICENSING EVALUATOR NAME: Olaniyan Akyeem

TELEPHONE: (916) 838-5875

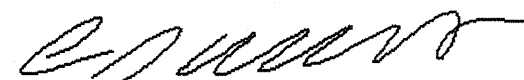
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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: NORMATIVE SERVICES, INC.

FACILITY NUMBER: 602300007

VISIT DATE: 01/13/2012

NARRATIVE

1 Student interviews and client file reviews also confirmed that student's were given the proper
2 medical/dental treatment and follow-up services both annually and on an as needed basis. No
3 issues of concern with students receiving medical services.
4

ADMINISTRATIVE AND PLAN OF OPERATION:

5
6
7 No changes in the last past year.
8
9

SCOPE AND STATUS OF RECERTIFICATION REVIEW:

- 10
11
12 • Entrance interview with Carolyn Willandt , Executive Director and Tyrel Hartman, Quality Assurance
13 Coordinator
14 • Collection of updated and current licensing documents, organizational and program information material.
15
16 • Review and discussion of administrative changes, oversight and visit plan.
17 • Sample of client files reviewed.
18 • Sample of personnel files reviewed.
19 • Client interviews.
20 • Staff interviews

OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTION:

21
22
23 No deficiencies noted.
24

CERTIFICATION DECISION: Recommend Re-certification

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916)854-0118

LICENSING EVALUATOR NAME: Olaniyan Akyeem

TELEPHONE: (916) 838-5875

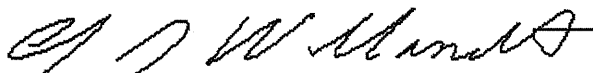
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